

Docket No.: 106151



**DECLARATION AND POWER OF ATTORNEY
UNDER 35 USC §371(e)(1) FOR
PCT APPLICATION FOR UNITED STATES PATENT**

As a below named inventor, I hereby declare that:
my residence, post office address and citizenship are as stated below under my name;

I verify believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought, namely the invention entitled: DETECTION AND RECOGNITION OF OBJECTS BY MULTISPECTRAL SENSING,

described and claimed in international application number PCT/IL98/00451 filed November 20, 1998.

I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) filed by me or my legal representatives or assignee within one year prior to my international application are hereby claimed:

Israel Patent Application No. 12258 filed November 20, 1997

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to my international application, or (b) before the filing date of the above-named foreign priority application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Olf, Reg. No. 27,972; William P. Burridge, Reg. No. 20,034;
Kirk M. Hindman, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411;
Edward P. Walker, Reg. No. 31,450; Robert A. Miller, Reg. No. 32,771;
Mario A. Contandri, Reg. No. 33,563; and Stephen J. Rao, Reg. No. 34,463.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 15928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understood the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 101 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Type/written Full Name of Sole or First Inventor	Yossef Given Name	Middle Initial	XOLITNOV Family Name
2	Inventor's Signature	<input checked="" type="checkbox"/>		
3	Date of Signature	<input checked="" type="checkbox"/>	Month	Day
	Residence:	Holon City	State or Province	YEAR ISRAEL Country
	Citizenship:	ISRAEL		
	Post Office Address:	Avivim Street 10/20, 58267, Holon ISRAEL		

Note to Inventor: Please sign twice on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE
(Delete this page in a sole inventor application)

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1	Typewritten Full Name of Joint Inventor	Alexander	Given Name	21 N° PN	Middle Initial	MAXIMOV	Family Name
2	Inventor's Signature	<input checked="" type="checkbox"/>		IN OPN			
3	Date of Signature:	<input checked="" type="checkbox"/>	09	28	Day	2000	Year
	Residence:	Jerusalem		State or Province		ISRAEL	
	Citizenship:	ISRAELI				Country	
	Post Office Address: (Insert complete mailing address, including country)	HaRav Shalom Street 17/20, 96181, Jerusalem ISRAEL					
1	Typewritten Full Name of Joint Inventor	Igor	Given Name	MIDDLE INITIAL		MINTIN	
2	Inventor's Signature	<input checked="" type="checkbox"/>					
3	Date of Signature:	<input checked="" type="checkbox"/>		Month	Day	Year	
	Residence:	Givat Shmuel		State or Province		ISRAEL	
	Citizenship:	ISRAELI				Country	
	Post Office Address: (Insert complete mailing address, including country)	Bn-Gurion Street 7/30, 54018 Givat Shmuel ISRAEL					
1	Typewritten Full Name of Joint Inventor	Motti	Given Name	MIDDLE INITIAL		ALLON	
2	Inventor's Signature	<input checked="" type="checkbox"/>					
3	Date of Signature:	<input checked="" type="checkbox"/>		10	24	2000	
	Residence:	Holon N° 1 Kfar Batya		State or Province		ISRAEL	
	Citizenship:	ISRAELI				Country	
	Post Office Address: (Insert complete mailing address, including country)	Rehovot Street 44, 5872 Holon ISRAEL Givati st. 10, Kfar Batya, ISRAEL					
1	Typewritten Full Name of Joint Inventor	Glen	Given Name	D	Middle Initial	GUTTMAN	
2	Inventor's Signature	<input checked="" type="checkbox"/>					
3	Date of Signature:	<input checked="" type="checkbox"/>		10	4	2000	
	Residence:	Tel Aviv		State or Province		ISRAEL	
	Citizenship:	ISRAELI				Country	
	Post Office Address: (Insert complete mailing address, including country)	Sderot Chen 39, 64166 Tel Aviv ISRAEL					

Note to Inventor: Please sign name on Line 2 exactly as it appears in Line 1 and insert the actual date of signing on Line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application which it pertains.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 3 AND PLACE AN "X" HERE ☐

1 Typewritten Full Name

1	Type/written Full Name of Joint Inventor	Alexander	Middle Initial	MAXIMOV
2	Inventor's Signature:	<input checked="" type="checkbox"/>	Given Name	Family Name
3	Date of Signature:	<input checked="" type="checkbox"/>	Month	Day
	Residence:	Jerusalem	State or Province	Year
	Citizenship:	ISRAELI		ISRAEL
	Post Office Address: (Insert complete mailing address, including country)	Mataniv Street 17/20, 95181, Jerusalem ISRAEL		
1	Type/written Full Name of Joint Inventor	Lev	Middle Initial	METTIN
2	Inventor's Signature:	<input checked="" type="checkbox"/>	Given Name	Family Name
3	Date of Signature:	<input checked="" type="checkbox"/>	September	28
	Residence:	Givat Shmuel	State or Province	Year
	Citizenship:	ISRAELI		ISRAEL
	Post Office Address: (Insert complete mailing address, including country)	Bn-Gavion Street 7/30, 54018 Givat Shmuel ISRAEL		
1	Type/written Full Name of Joint Inventor	Moti	Middle Initial	ALLON
2	Inventor's Signature:	<input checked="" type="checkbox"/>	Given Name	Family Name
3	Date of Signature:	<input checked="" type="checkbox"/>	Month	Day
	Residence:	Holon	State or Province	Year
	Citizenship:	ISRAELI		ISRAEL
	Post Office Address: (Insert complete mailing address, including country)	Rabinovitz Street 44, 58672 Holon ISRAEL		
1	Type/written Full Name of Joint Inventor	Glen	Middle Initial	GUTTMAN
2	Inventor's Signature:	<input checked="" type="checkbox"/>	Given Name	Family Name
3	Date of Signature:	<input checked="" type="checkbox"/>	Month	Day
	Residence:	Tel Aviv	State or Province	Year
	Citizenship:	ISRAELI		ISRAEL
	Post Office Address: (Insert complete mailing address, including country)	Sderot Chen 39, 64166 Tel Aviv ISRAEL		

Note to Inventor: Please sign name on Line 3 exactly as it appears in line 1 and insert the actual date of signing on Line 3.

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IF THERE IS MORE THAN ONE INVENTOR USE PAGE 3 AND PLACE AN "X" HERE ☐

1 Type/written Full Name

of Joint Inventor	Given Name	Middle Initial	KERSHENBAUM
2 Investor's Signature:			Family Name
3 Date of Signatures	24	4	2000
Residence:	Month	Day	Year
	City	State or Province	ISRAEL
Citizenship:	ISRAEL		
Post Office Address: (Insert complete mailing address, including country)	Moabs Deyan Street 3/1, 43580 Rehovot ISRAEL		
1 Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
2 Investor's Signature:			
3 Date of Signatures	Month	Day	Year
Residence:	City	State or Province	Country
Citizenship:			
Post Office Address: (Insert complete mailing address, including country)			
1 Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
2 Investor's Signature:			
3 Date of Signatures	Month	Day	Year
Residence:	City	State or Province	Country
Citizenship:			
Post Office Address: (Insert complete mailing address, including country)			
1 Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
2 Investor's Signature:			
3 Date of Signatures	Month	Day	Year
Residence:	City	State or Province	Country
Citizenship:			
Post Office Address: (Insert complete mailing address, including country)			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be counted only when attached to the first and second page of the Declaration and Power of Attorney of the application in which it pertains.